



## ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

4425 West Olive Avenue, Suite 134, Glendale, Arizona 85302

(602) 255-5211 FAX (602) 255-1950 1-800-277-6675

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### ARIZONA CBG REGISTRATION FORM

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One registration form is required for each registering facility. Registration form(s) must be submitted to the above address in advance of the first date of production, importation, or handling of CBG or AZRBOB. Changes to this form must be submitted to the DWM not later than ten calendar days after the effective date of the change. Please refer to R-20-2-750 for further registration requirements.

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#### Section I. Business Name, Address, Authorized Agent's Name, Telephone/FAX.

Corporate Name Address City State Zip Code

BMF# Contact Name Telephone FAX

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#### Section II. Facility Type. (As defined in R-20-2-701) The Facility may register for more than one type.

1) Refiner\_\_\_ 2) Importer\_\_\_ 3) Oxygenate Blender\_\_\_ 4) Pipeline\_\_\_ 5) Third Party Terminal\_\_\_

Facility Name Address City State Zip Code

Contact Name Telephone FAX

#### Designated On-line Reporting Contact Information

(This individual is responsible for filing and certifying reports on-line and will be sent a User Id. and access code for on-line reporting by the facility)

Designated On-line Reporting Contact Telephone Email address

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#### Section III. Record Keeping.

Are records for this facility kept: On-Site\_\_\_ and/or Off-Site\_\_\_? If records are kept "Off-Site", please complete the following:

Primary Storage Facility Name Address City State Zip Code

Contact Name Telephone FAX

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#### Section IV. Independent Laboratory Use.

Will an independent laboratory be used to meet the requirements of A.A.C. R20-2-752F or R20-2-755E?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please complete the following:

\_\_\_\_\_  
Laboratory Name                      Address                      City                      State                      Zip Code

\_\_\_\_\_  
Responsible Official                      Telephone                      FAX

#### Refiners

Please choose one of the following options from R20-2-752F:

- 1) Independent Testing Option 1 \_\_\_\_\_, ( Independent laboratory will collect and analyze every batch.)
- 2) Independent Testing Option 2 \_\_\_\_\_, (Ten percent [10%] of the total number of batches will be collected and analyzed by the independent laboratory.)

**Note:** It is the registrant's responsibility to communicate with their independent laboratory that test results are to be submitted to the ADWM directly from the independent laboratory in the correct format and on the correct date, as stated within the Arizona CBG Rule.

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#### Section V. EPA Registration Number.

If applicable, EPA Registration Number as supplied under 40CFR80.76(f):

\_\_\_\_\_  
EPA Registration Number

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#### Section VI. Statement of Consent.

I hereby certify and attest that I have the authority to act on behalf of and bind \_\_\_\_\_ (Business Name), and that the information provided is true and accurate to the best of my knowledge. On behalf of \_\_\_\_\_ (Business Name), I hereby provide consent to the Arizona Department of Weights and Measures or its authorized agent to collect samples and assess documentation and records as provided in Arizona Administrative Code Rule R20-2-721. I agree that changes to any information provided in this registration form will be sent to the Director of the Arizona Department of Weights and Measures not later than ten calendar days after the effective date of the change.

\_\_\_\_\_  
Signature    Printed Name

\_\_\_\_\_  
Position    Business Name    Date

<p style="text-align: center;"><b>For Department Use Only</b></p> <p><b>Date Received:</b> _____ <b>Date Processed:</b> _____</p>
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